

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10687571
Filing Date	10/15/2003
First Named Inventor	Frei
Art Unit	3735
Confirmation No.	7155
Examiner Name	Toth
Attorney Docket Number	011738.00150

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
☒ the practitioners (with registrations numbers) of record listed on the attached paper(s); or
☐ the practitioners of record associated with Customer Number _____

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- ☐ 10.40(b)(1) ☐ 10.40(b)(2) ☐ 10.40(b)(3) ☒ 10.40(b)(4)
☐ 10.40(c)(1)(i) ☐ 10.40(c)(1)(ii) ☐ 10.40(c)(1)(iii) ☐ 10.40(c)(1)(iv)
☐ 10.40(c)(1)(v) ☐ 10.40(c)(1)(vi) ☐ 10.40(c)(2) ☐ 10.40(c)(3)
☐ 10.40(c)(4) ☐ 10.40(c)(5) ☐ 10.40(c)(6) Please explain below:

Certifications

Check each box below that is factually correct. **WARNING: If a box is left unchecked, the request will likely not be approved.**

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

Please disregard all prior PTO/SB/83 forms erroneously submitted by Banner & Witcoff, Ltd. in favor of this submission

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This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

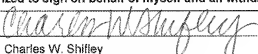
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AS ATTORNEY OR AGENT
AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: _____

OR

B.	<input checked="" type="checkbox"/> Inventor or Assignee name	Medtronic, Inc.			
Address		710 Medtronic Parkway NE			
City		Minneapolis	State	MN	ZIP 55432
Country		USA			
Telephone		763.514.4000	Email		
I am authorized to sign on behalf of myself and all withdrawing practitioners					
Signature					
Name		Charles W. Shifley	Registration No.	28042	
Address		10 South Wacker Drive, Suite 3000			
City	Chicago	State	IL	Zip	60606
				Country	US
Date	March 26, 2012			Telephone No.	312-463-5000
NOTE: Withdrawal is effective when approved rather than when received.					

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